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ABSTRACT

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Feminist Mentoring through Group Supervision at a University Counseling Center

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Abstract

A group of five psychologists and graduate students in psychology met for 16 weeks in a weekly one-hour group supervision meeting. This is a summary of the experience with an emphasis on the first and second authors' feminist approaches to the supervision meeting.

Introduction

The mentoring and supervising of psychology students from a feminist perspective requires creative approaches from the female practitioner. Some of the barriers she faces may be connected with the field of psychology as a whole as well as systemic. In terms of the field of psychology, a colleague of the first author's once stated, "Psychology eats its young." This statement highlights what may be a tendency in the field of psychology to approach the training of psychologists in a highly critical, demeaning manner. From this perspective, the degreed, or licensed psychologist, knows best and grants this knowledge to the psychologist-in-training as a part of the hazing process; a sharp contrast to the feminist approach of collaborating with and empowering students.

Systemically, a hierarchal, sexist system inhibits the female psychologist's ability to mentor and supervise incoming psychology students from a feminist perspective that encourages collaboration and empowerment. In such a behavior setting, it is easy for the female psychologist to become caught into an authoritative approach where she tells the student what to do rather than assist the student in finding his or her own unique expression as a psychologist. Also within this hierarchy is the power ranking of the psychologist. Factors such as gender, age, credential level, type of training, agency role, and full- or part-time status can influence her impact on the mentoring and supervising process.

How then can a feminist psychologist introduce radical change into a profession and a system that has a history of a hierarchy that places her on one of the "lower rungs" of the power ladder? This presentation will provide an example of how two feminist psychologists intervened on a system to be a part of creating a collaborative, empowering group environment where a

female, masters-level psychology student and a male, doctoral-level psychology student could develop their professional identity and skills as a psychologist. Specific intervention approaches used by the first author are outlined..

Method

Subjects

There were five individuals on this team of psychologists and graduate students in psychology. Three of the individuals were psychologists who were mixed in terms of status: a full-time, female, senior staff member who was a licensed Ph.D. level psychologist (assistant director of the counseling center), a full-time, male, senior staff member who is a licensed Psy.D. level psychologist, and a part-time, female, senior staff member who obtained ABPP diplomate status during the semester and who teaches full time in a campus counseling department , but only a "part-timer" and an academic (oldest, most experienced as a counselor). The two students were a full-time, male, doctoral student and a part-time, female, master's level student.

Procedure

The five individuals were assigned to a one hour group supervision meeting that met weekly. The agency had decided to suspend its entire staff meeting and change it to three team meetings of various staff. This was the first time this type of structural change had happened with this meeting in 30 years with the intent being to enhance the overall quality and meaning of the meeting for staff. The purposes of this form of peer supervision include:

1. Having regular access to supervision/consultation.
2. Promotion of continued learning/development as psychologists.
3. Having Peer Review for our 10 session limit review.

4. Modeling for trainees.

5. Learning about each other's therapy styles to facilitate referrals from WIC.

The reasons for change to the new system were:

1. When the whole staff was meeting together, it was far too easily turned into another staff meeting, which was repetitious and led to extreme boredom for the full-time staff.

2. The whole staff was too big for case consultation often leading to:

a. Staff feeling too intimidated to present a case (being vulnerable).

b. A diffusion of responsibility when there were so many more who felt responsible for making sure they had cases to discuss (scheduling didn't work).

c. Inadequate time for thorough discussions of Peer Review cases.

d. Posturing or competition among senior staff to share their viewpoint/wisdom and provide supervision to trainees.

e. Repetition when presenting a case that had been presented earlier in the semester.

f. Formal case discussions by the trainees which might be "bumped" for more pressing cases.

Particularly, the agency was attempting to facilitate group identity, mentoring, and supervision among the staff of the university counseling center as evidenced in:

1. Cohesion in groups to provide comfort in presenting cases and making oneself vulnerable.

2. More time for each to present and share their views.

3. Increased familiarity with each other's styles to help with referrals.

4. Increased familiarity with each other's caseloads to help with follow-up supervision when a case has already been presented.

5. Trainees being exposed to staff who were not their supervisors.

6. All individuals taking more responsibility for what occurs in Peer Supervision.

7. More ability to honor pre-scheduled formal case presentations.

The psychologists assigned to this team with the logic that one Ph.D. psychologist ensure that administrative information was passed on (female, senior staff member) and that none of the three psychologists were the graduate students' supervisors. This group was the only team that consisted of only psychologists and psychologists on a continuum: master's level student, doctoral level student, Psy.D. psychologist, Ph.D. psychologist, and ABPP diplomate status psychologist.

Results

The group met over a 16 week period. Sometimes the agenda was set in terms of case presentations of students and staff, but most frequently it was not. The focus of the group sessions and interventions by the first author of this paper were:

Week 1: **Focus:** Overall group agenda and decision on group name (The A Team)

Week 2: **Focus:** Presentation of case by male staff psychologist.

Intervention: Provision of mouse pads for members from the APA Convention and a summary of presentations done

Week 3: **Focus:** Discussion of professional writing

Intervention: Brought up possibly writing up our experience as a group for the APA Convention in Chicago next year since all group members are

psychologists. Inquired with students as to how they were personally and professionally in terms of their training as psychologists.

Week 4: **Focus:** Presentation of cases by various team members.

Intervention: Brought resource materials of books, articles, and client assignments for all members.

Week 5: **Focus:** Discussion of World Trade Center disaster and presentation of case by male staff psychologist.

Intervention: Provided information on being a volunteer psychologist (Disaster Mental Health Service worker) for the American Red Cross and developmental stages in reaction to a disaster.

Week 6: **Focus:** Viewed therapy session of male staff psychologist.

Intervention: Took notes on the session and provided feedback.

Week 7: **Focus:** Processed staff reactions to the session the week before.

Intervention: Brought a butterfly balloon for the team and door prizes for all members.

Week 8: **Focus:** Case presentation by male doctoral student and update on male psychologist's clients who had been viewed in week 6.

Intervention: Encouraged male psychologist to advocate at staff meeting that the group be able to remain the same membership into next semester.

Week 9: **Focus:** Formal case presentation of male doctoral student.

Intervention: Discussed gender considerations in therapy case (male therapist/female client, "dad projections", heterosexual attraction).

Week 10: Absent

Week 11: **Focus:** Formal case presentation of female master's level student and discussed group members' use of the DSM-IV in therapy.

Intervention: Role-modeled disagreement with the male psychologist's view of the use of the DSM-IV. Announced that the first author had been called up by the Red Cross and would miss our next two meetings.

Week 12: Absent

Week 13: Absent

Week 14: **Focus:** Discussion of Red Cross Disaster Mental Health worker experiences.

Intervention: Role-modeled social action of psychologists.

Conclusions

In terms of the system, the willingness of the university counseling center to change its structure created an opportunity for the introduction of new ideas such as a feminist approach to mentoring and supervising. Also, the presence of three psychologists who each were a "mixed bag" in terms of status markers (gender, age, credential level, type of training, agency role, full- or part-time status) facilitated a more collaborative rather than hierarchal approach to mentoring and supervision. These two systemic factors, change of structure and variation of psychologist role models, provided fertile ground for a feminist approach to collaboration and empowerment with the students.

The first author frequently used specific techniques throughout the semester to encourage a group environment of collaboration and empowerment. These interventions included:

1. Encouraging professional writing and attendance at state and local psychological workshops and conferences.

2. Asking students how they were personally and professionally (the latter primarily focusing on clinical work and the progress of their thesis and dissertation).

3. Providing resources (books, articles, client assignments) that could be used in clinical work.

4. Asking for feedback as a clinician thereby role-modeling the necessity for ongoing collaboration with colleagues.

5. Using self-disclosure in terms of reactions to cases, topics, and professional development.

6. Using humor appropriately to lighten the seriousness of the topics and to role model self-care as a professional.

7. Encouraging students to develop their own therapy style by emphasizing their personal and professional strengths as evidenced in discussions and videotapes.

8. Role-modeling the importance of social action, empowerment, by volunteering for the Red Cross and discussing these experiences in the group.

The second author's feminist style contributions to the group were as follows:

1. Asking students how they were personally and professionally (the latter primarily focusing on clinical work and the progress of their thesis and dissertation).

2. Asking for feedback as a clinician thereby role-modeling the necessity for ongoing collaboration with colleagues.

3. Using self-disclosure in terms of reactions to cases, topics, and professional

development.

4. Using humor appropriately to lighten the seriousness of the topics and to role model self-care as a professional.

5. Encouraging students to develop their own therapy style by emphasizing their personal and professional strengths as evidenced in discussions and videotapes.

6. Encouraging everyone to take part in both giving and receiving feedback.

7. Stating opinions and asking questions in a non-threatening/non-authoritative way.

8. Asking questions that are aimed at accountability without being authoritative/punitive ("Do you want to schedule your case presentation?", "How's your dissertation/thesis coming along?", "How many more sessions will you need before you review this case again?") rather than being dominating or highly opinionated.

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